

PROGRAM DESCRIPTION

Join your clinical microbiology colleagues and speaker Janet Hindler, MCLS, MT(ASCP), F(AAM), for an in-depth look at the 2002 NCCLS antimicrobial susceptibility testing (AST) recommendations from a "bench" level perspective.

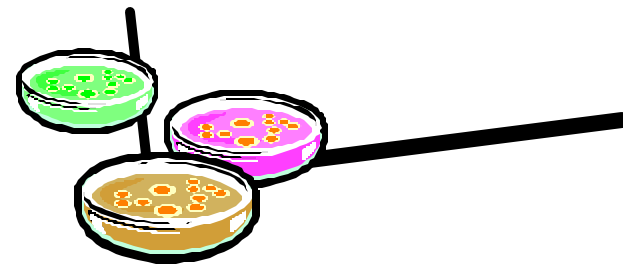
The program will focus on issues relating to the appropriate organisms and drugs to test and which drugs to report for susceptibility testing. Ms. Hindler will present a strategy for handling bacteria not mentioned in the NCCLS standards, and will provide suggestions for ways to identify and verify "weird" AST results generated on patient isolates. The program will emphasize effective reporting of results so that physicians can utilize the results appropriately to improve patient outcomes.

Throughout the workshop, case studies will be presented to illustrate contemporary resistance concerns and laboratory testing and reporting issues. A comprehensive handout will be provided. This program is appropriate for laboratory testing personnel in clinical, reference and public health laboratories.



The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

NLTN Nashville Office
P. O. Box 160385
Nashville, TN 37216-0385



Important Considerations for Detection and Reporting of Antibacterial Resistance

Raleigh, NC
October 21, 2003

Little Rock, AR
October 23, 2003

New Orleans, LA
November 10, 2003

Jackson, MS
November 13, 2003

Cosponsored by:
National Laboratory Training Network
and
NC, AR, LA, MS
Departments of Health
Laboratory Services

OBJECTIVES

At the conclusion of this workshop, participants will be able to:

- Explain how to implement current NCCLS antimicrobial susceptibility testing and reporting recommendations.
- Summarize practical strategies for handling AST of bacteria not addressed in NCCLS standards.
- Discuss steps that can be taken to verify AST results obtained on bacteria isolated from patients.
- Describe effective reporting of AST test results.

FACULTY

Janet Hindler, MCLS, MT(ASCP), F(AAM)

Ms. Hindler is a Senior Specialist in Clinical Microbiology for the Division of Laboratory Medicine at UCLA Medical Center in Los Angeles, California. She is working this year with the Centers for Disease Control and Prevention (CDC), Division of Laboratory Systems, through an Interagency Personnel Agreement, to develop and conduct training on antimicrobial susceptibility testing (AST).

CONTINUING EDUCATION

Continuing education credit will be offered, based on 5 hours of instruction.

PROGRAM AGENDA

8:30 a.m.	Registration
8:50	Overview and Opening Remarks
9:00	How to Use NCCLS Standards to Guide AST Decisions in Your Laboratory
10:15	Break
10:30	What Can We Do With Bacteria That Are Not Addressed in NCCLS Standards?
11:00	Gram Positive Bacteria: Verification of AST Results and How to Report Them Effectively
12:00	Lunch
12:45	Gram Negative Bacteria: Verification of AST Results and How to Report Them Effectively
2:00	Break
2:15	Antimicrobial Resistance Issues
3:00	Discussion; Evaluation; Closing Remarks
3:15	Adjourn

SPECIAL NEEDS

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations must notify the NLTN office (phone 615-262-6315 or fax 615-262-6441) no later than 2 weeks prior to workshop date.

For additional information contact the NLTN Nashville office at: 615-262-6315 or by email at: seoffice@nltn.org.

LOCATIONS

Raleigh, NC

October 21, 2003
North Carolina State Laboratory of Public Health
Room 207
306 N. Wilmington Street
Raleigh, NC 27611
(919) 733-7186

Little Rock, AR

October 23, 2003
Arkansas Department of Health
Auditorium
4815 West Markham
Little Rock, AR 72205
(501) 280-4169

New Orleans, LA

November 10, 2003
Louisiana Office of Public Health
Central Laboratory
Room 409
325 Loyola Avenue
New Orleans, LA 70112
(504) 568-8885

Jackson, MS

November 13, 2003
Mississippi Public Health Laboratory
Underwood Auditorium
570 East Woodrow Wilson
Jackson, MS 39216
(601) 576-7582

National Laboratory Training Network Registration Form

(Please type or print.)

Training Event Title: Important Considerations for Detection and Reporting of Antibacterial Resistance

Please check one:

___ 10/21/03 Raleigh, NC (SE 3304)

___ 10/23/03 Little Rock, AR (SE3404)

___ 11/10/03 New Orleans, LA (SE3504)

___ 11/13/03 Jackson, MS (SE3604)

Applicant Information:

(Dr./Mr./Miss./Ms./Mrs.)

Title: _____ First Name: _____ M.I. _____ Last Name: _____

Position Title: _____ State Licensure Number: (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ **Date:** _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation

Physician 01
Veterinarian 02
Laboratorian 04
Nursing Professional 05
Sanitarian 06
Administrator 08
Safety Professional 11
Educator 13
Epidemiologist 14
Environmental Scientist 15
Other 12

Type of Employer

Health Department (State or Territorial) 01
Health Department (Local, City or County) 03
Government (Other Local, not City or County) 04
Centers for Disease Control and Prevention 05
U.S. Food and Drug Administration 09
U.S. Department of Defense 11
Veterans Administration Medical Center/Hospital 12
Other (Federal Employer) 15
Foreign 16
College or University 19
Private Industry 21
Private Clinical Laboratory 23
Physician's Office Laboratory/Group Practice 24
Hospital (Private Community) 17
Hospital (Other) 33
State Funded Hospital 25
City or County Funded Hospital 26
Health Maintenance Organization 28
Non-profit 31
Unemployed or Retired 32
Other 30

Education Level (Highest Completed)

Degree
Associate 04
Bachelor 05
Masters 06
Doctoral (M.D.) 07
Doctoral (Other than M.D.) 08
Technical/Hospital School 09
Some College 03
High School Graduate 02
Some High School 01
Other 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003)

Register Early!
We expect these classes to fill quickly.

Registration Fee: \$35.00

Registration Deadline: 2 weeks prior to workshop date.

☐ Enclosed is my check or money order payable to APHL.

☐ Bill my credit card (circle one).
VISA Master Card
American Express

Cardholder's name: _____

Card Number: _____

Expiration Date: _____

Card Holder's Signature: _____

Date: _____

Amount of Payment: _____

Submit your completed registration form to:

NLTN — Nashville Office
P.O. Box 160385
Nashville, TN 37216-0385

Or by Fax to: 615-262-6441.